REQUEST FOR DEVIATION/WAIVER (RFD/RFW)

| 1. DATE *(YYMMDD)* | *Form Approved*
OMB No. 0704-0188 |

PLEASE <u>DO NOT</u> RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES, RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT / PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THIS FORM.

2. PROCURING ACTIVITY NO.

3. DODAAC

4. ORIGINATOR
a. TYPED NAME *(First, Middle Initial, Last)*

b. ADDRESS *(Street, City, State, Zip Code)*

5. *(X one)*
☐ DEVIATION ☐ WAIVER

6. *(X one)*
☐ MAJOR ☐ MINOR ☐ CRITICAL

7. DESIGNATION FOR DEVIATION WAIVER

| a. MODEL/TYPE | b. CAGE CODE | c. SYS. DESIGN | d. DEV/WAIVER NO. |

8. BASELINE AFFECTED
☐ FUNC-TIONAL ☐ ALLO-CATED ☐ PRODUCT

9. OTHER/SYSTEM/CONFIGURATION ITEMS AFFECTED
☐ YES ☐ NO

10. TITLE OF DEVIATION/WAIVER

11. CONTRACT NO. AND LINE ITEM

12. PROCURING CONTRACTING OFFICER
a. NAME *(First, Middle Initial, Last)*
b. CODE   c., TELEPHONE NO.

13. CONFIGURATION ITEM NOMENCLATURE

14. CLASSIFICATION OF DEFECT

a. CD NO.	b. DEFECT NO.	c. DEFECT CLASSIFICATION
		☐ MINOR ☐ MAJOR ☐ CRITICAL

15. NAME OF LOWEST PART/ASSEMBLY AFFECTED

16. PART NO. OR TYPE DESIGNATION

17. EFFECTIVITY

18. RECURRING DEVIATION/WAIVER
☐ YES ☐ NO

19. EFFECT ON COST/PRICE

20. EFFECT ON DELIVERY SCHEDULE

21. EFFECT ON INTEGRATED LOGISTICS SUPPORT, INTERFACE OR SOFTWARE

22. DESCRIPTION OF DEVIATION/WAIVER

23. NEED FOR OF DEVIATION/WAIVER

24. CORRECTIVE ACTION TAKEN

25. SUBMITTING ACTIVITY

| a. TYPE NAME *(First, Middle Initial, Last)* | b. TITLE | c. SIGNATURE |

26. APPROVAL/DISAPPROVAL   RECOMMEND ☐ APPROVAL ☐ DISAPPROVAL

b. APPROVAL
☐ APPROVED ☐ DISAPPROVED

c. GOVERNMENT ACTIVITY

| d. TYPED NAME *(First, Middle Initial, Last)* | e. SIGNATURE | f. DATE SIGNED *(YYMMDD)* |

g. APPROVAL
☐ APPROVED ☐ DISAPPROVED

h. GOVERNMENT ACTIVITY

| i. TYPED NAME *(First, Middle Initial, Last)* | J. SIGNATURE | k. DATE SIGNED *(YYMMDD)* |

DD Form 1694, APR 92   *Previous editions are obsolete*